

TOLER SCHAFFER, LLP
8500 Bluffstone Cove, Suite A201
Austin, Texas 78759
Phone 512-327-5515
Fax 512-327-5575

RECEIVED
CENTRAL FAX CENTER

FACSIMILE COVER SHEET**MAY 09 2007****DATE:** May 9, 2007**TO:** Examiner LANEAU, Ronald **FAX NO.:** 571-273-8300
USPTO GPAU 3714**FROM:** Jeffrey G. Toler
Reg. No.: 38,342**RE U.S. App. No.:** 10/654,859, filed September 4, 2003**Applicant(s):** Guy Bevente, et al.**Atty Dkt No.:** 1033-IT1004**Title:** SHARED USAGE TELECOMMUNICATIONS BILLING SYSTEM
AND METHOD**NO. OF PAGES (including Cover Sheet):** 16**MESSAGE:**

Attached please find:

- ☒ Transmittal Form (1 pg)
- ☒ Fee Transmittal Form [in duplicate] (2 pgs)
- ☒ Reply Brief (8 pgs)
- ☒ Information Disclosure Statement (4 pgs)

CONFIDENTIALITY NOTE

The pages accompanying this facsimile transmission contain information from the law office of Toler Schaffer, L.L.P. and are confidential and privileged. The information is intended to be used by the individual(s) or entity(ies) named on this cover sheet only. If you are not the intended recipient be aware that reading disclosing copying distribution or use of the contents of this transmission is prohibited. Please notify us immediately if you have received this transmission in error at the number listed above and return the document to us via regular mail.

8500 Bluffstone Cove
Suite A201
AUSTIN, TEXAS 78759

Tel: (512) 327-5515
Fax: (512) 327-5575

MAY 09 2007

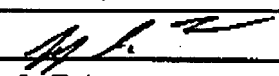
PTO/SB/21 (04-07)

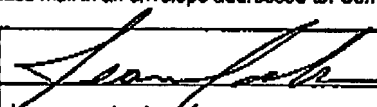
Approved for use through 09/30/2007. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--|------------------------|---------------------|
| TRANSMITTAL FORM | | Application Number | 10/654,859 |
| | | Filing Date | September 4, 2003 |
| | | First Named Inventor | Guy Bevente, et al. |
| | | Art Unit | 3714 |
| | | Examiner Name | LANEAU, Ronald |
| (to be used for all correspondence after initial filing) | | Attorney Docket Number | 1033-IT1004 |
| Total Number of Pages in This Submission | | 16 | |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks Customer No.: 60533 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|-----------------|
| Firm Name | Toler Schaffer, LLP | |
| Signature |  | |
| Printed name | Jeffrey G. Toler | |
| Date | 5-9-2007 | Reg. No. 38,342 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|---|-------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | |
| Signature |  | |
| Typed or printed name | Jeanneaux Jordan | Date 5-9-07 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MAY 09 2007

PTO/SB/17 (04-07)

Approved for use through 04/30/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

| | |
|----------------------|---------------------|
| Application Number | 10/654,859 |
| Filing Date | September 4, 2003 |
| First Named Inventor | Guy Bevente, et al. |
| Examiner Name | LANEAU, Ronald |
| Art Unit | 3714 |
| Attorney Docket No. | 1033-IT1004 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-2469 Deposit Account Name: Toler Schaffer, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Information Disclosure Statement Fee

180.00

SUBMITTED BY

| | | | |
|-------------------|---|--|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 38,342 | Telephone 512-327-6515 |
| Name (Print/Type) | Jeffrey G. Toler | Date | 5-9-2007 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.